

**Open Position applying for:** \_\_\_\_\_  
(An application must be submitted for each position)

**APPLICATION FOR EMPLOYMENT**

**City of Bedford  
215 E. Main Street  
P.O. Box 807  
Bedford, Virginia 24523**

**City of Bedford Website: [www.bedfordva.gov](http://www.bedfordva.gov)**

**INSTRUCTIONS**

*Please read and follow directions carefully*

The City of Bedford only accepts applications and resumes for current openings. Openings are posted on the City Website and at the City Municipal Building, 215 East Main Street, Bedford, Virginia, on Bedford Government Information Channel 12 and the Virginia Employment Commission.

Your application should include the following Inserts: (In order for your application to be considered for employment with the City of Bedford, both forms must be completed and submitted with each application).

**Fair Credit Reporting Act Disclosure Form**

**Fair Credit Reporting Act Acknowledgement and Consent Form**

- Fully complete all sections of the application. A supplemental form for additional employment history is available.
- The completeness and appearance of your application will be considered in the selection process and therefore should represent your best effort.
- A separate original application for each position for which you apply is preferred. However, a copy of the application may be submitted if applying for more than one position.
- Applications that are received unsigned, or after the closing date will not be accepted or processed.
- Applications, resumes, letter of references and other information submitted will become the property of the City and will not be returned.
- Residency in the City of Bedford may be required for certain positions.

**In order to learn the most effective way of informing interested persons of the job opportunities with the City of Bedford, please check below how you learned of job opening with the City:**

City of Bedford Web Site \_\_\_\_\_ From a City Employee \_\_\_\_\_ Cable TV (Channel 12) \_\_\_\_\_

Virginia Employment Commission \_\_\_\_\_

Newspaper (Name of newspaper) \_\_\_\_\_ Other (please specify): \_\_\_\_\_

\_\_\_\_\_

## ADDITIONAL EDUCATION

Name and Address	Number of Years completed	Degree Completed (BA, BS, MA, etc., or certificate)	Field(s) of Study
College			
Graduate Work			
Other (i.e. business, secretarial, vocational, technical, military, etc.)			

Please list any special skills, qualifications, professional memberships or other matters that you believe qualifies you for the position you are seeking. (Do not disclose membership in organizations that do not related to the position you are seeking)

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## REFERENCES

List names and contact information for three people that know your qualifications. Incomplete information could affect your consideration.

Name and Occupation	Company	City and State	Phone # (include Area Code)
1.			
2.			
3.			

**WORK HISTORY:** Give a complete record of your employment history including part-time work, military service, and volunteer experience. List all experience in order, starting with your present or most recent position and working back. Describe your duties and responsibilities in each position so that your experience may be thoroughly and fairly evaluated. *Use Supplementary Experience Form for additional space if needed.* Account for all periods of unemployment.

May we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Employer and Mailing address (including zip code)	Job Title:	Dates Worked: _____ to _____ Full-time ____ Part-time ____
Employer Telephone Number (including area code)	Name and title of your immediate supervisor:	Starting Salary: _____ Final Salary: _____
Number of people you supervised: _____ Reason for leaving: _____		
Description of duties: _____		
_____		
_____		
_____		
_____		
_____		

Name of Employer and Mailing address (including zip code)	Job Title:	Dates Worked: _____ to _____  Full-time____ Part-time____
Employer Telephone Number (including area code)	Name and title of your immediate supervisor:	Starting Salary: _____ Final Salary: _____
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Number of people you supervised: _____ Reason for leaving: _____ Description of duties: _____ _____ _____ _____ _____		

List the equipment, computers, software, etc. you have used in previous jobs: \_\_\_\_\_

WPM \_\_\_\_\_

**Certification- Each application requires current date and original signature**

I hereby certify that all entries on the application and attachments to the application are true and complete. I understand that any willful misstatements or material omissions in this application or attachments will be sufficient cause to disqualify me from employment consideration with the City of Bedford. I agree and understand that any misstatements or omissions, regardless of time of discovery, may be considered grounds for dismissal. I understand that this completed application and any materials submitted with it are the property of the City of Bedford and will not be returned. In the case of a panel interview, which may consist of non-City employees, I authorize my application to be viewed by members of the panel. I also understand that any offer of employment is contingent upon my ability to produce documentation as required by law to confirm that I am eligible for employment in the United States.

I understand that all information on this application is subject to verification. I consent to background checks that may include contacting references, former employers and educational institutions listed being contacted regarding this application.

I further authorize the City of Bedford to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, non-governmental organizations or systems on a need to know basis for good cause shown as determined by the agency head or designee.

I authorize the release of any and all job-related information that the City of Bedford may request or any records pertaining to past or present employment, which may now exist or may exist in the future.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## FAIR CREDIT REPORTING ACT ACKNOWLEDGEMENT AND CONSENT

*I acknowledge that I have reviewed a clear and conspicuous Fair Credit Reporting Act Disclosure form. I understand that the City of Bedford may obtain consumer reports about me for employment purposes from a consumer reporting agency. I also understand that:*

- The City of Bedford may use consumer reports to evaluate me for employment, and, if I am hired, may use consumer reports to evaluate me for other employment purposes.
- The City of Bedford may not obtain a consumer report about me for employment purposes without my written authorization.
- Before the City of Bedford denies me employment or makes any other employment decision which adversely affects me based in whole or in part on a consumer report, the City of Bedford must first provide me with a copy of the report and a summary of my rights under the Fair Credit Reporting Act.
- The City of Bedford considers consumer reports to be important tools in its personnel administration, audit and security practices. My failure to authorize the City of Bedford to obtain a consumer report about me may serve as grounds for the City of Bedford to refuse to hire me. My revocation of such authority may serve as grounds for the City of Bedford to dismiss me from its employment.

I authorize the City of Bedford and its agents, affiliates, or assigns to obtain one or more consumer reports about me for employment purposes at any time they may deem appropriate. This is a continuing authorization that shall remain in effect until I revoke it in writing.

Name \_\_\_\_\_ Maiden (?) \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_ (Only used for record confirmation)

Social Security Number \_\_\_\_\_

Current Address: \_\_\_\_\_ How long? \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Previous Address \_\_\_\_\_ How long? \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Driver's License # and State issued \_\_\_\_\_

Please list all other names that information may be listed under:

\_\_\_\_\_

Signed: \_\_\_\_\_ Date \_\_\_\_\_

## **FAIR CREDIT REPORTING ACT DISCLOSURE**

By this document, the City of Bedford discloses to you that a consumer report may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment. This disclosure is required by the Fair Credit Reporting Act.

Please sign below to signify that you have reviewed this disclosure.

Full Name  
(Please Print) \_\_\_\_\_

Signed: \_\_\_\_\_ Date \_\_\_\_\_

## SUPPLEMENTAL SHEET

Employer name and Mailing address (include zip code)	Job Title:	Dates Worked: _____ to _____  Full-time _____ Part-time _____
Employer Telephone Number (include area code)	Name and title of your immediate supervisor:	Starting Salary: _____ Final Salary: _____
Number of people you supervised: _____ Reason for leaving: _____ Description of duties: _____ _____ _____ _____ _____		

  

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